

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09 614 389	FILING DATE	7/12/60
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	1					
11						
12						
13						
14	2					
15	2					
16	1					
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	1	6				
29						
30						
31						
32						
33						
34						
35						
36						
37						
38		1				
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	59					
TOTAL CLAIMS	69					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52		1						
53	1							
54								
55		1						
56	1							
57		1						
58								
59	1							
60		1						
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								